

P1400000S3296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

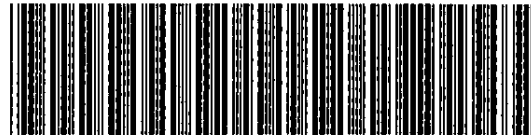
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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06/16/14--01020--013 **70.00

RECEIVED
DIVISION OF CORPORATIONS
JUN 16 AM 11:30

B 6/19/14

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Life Well Lived corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Magdalena Soltyk
Name (Printed or typed)

221 Meridian Ave #301
Address

Miami Beach FL 33139
City, State & Zip

631-463-3178
Daytime Telephone number

MagdalenaSOLtyK@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Life Well Lived Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

221 Meridian Ave Apt 301
Miami Beach FL 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Occupational therapy

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Magdalena Soltyk OT/PT Name and Title: Director

Address 221 Meridian Ave #301 Address:
Miami Beach FL 33139

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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DIVISION 51 CORP. REGISTRATION

(conti.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Magdalena Soltyk

Address: 221 Meridian Ave # 301
Miami Beach FL 33139

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Magdalena Soltyk

Address: 221 Meridian Ave # 301
Miami Beach FL 33139

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DIVISION OF CORPORATIONS

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

M. Soltyk / Incorporator
Required Signature/Registered Agent

6-10-14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date